(Official Form 1) (12/03)

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FORM B1 United States Bankruptcy Court Western District of New York		Voluntary Potition		
		Voluntary Petition		
Name of Debtor (if individual, enter Last, First, Middle): Fayson, Janice M.	Name of Joint Debtor (Spouse) (La	ast, First, Middle):		
All Other Names used by the Debtor in the last 6 years (include married, maiden, and trade names):	All Other Names used by the Joint Debtor in the last 6 years (include married, maiden, and trade names):			
Last four digits of Soc. Sec. No./Complete EIN or other Tax I.D. No. (if more than one, state all): <b>9684</b>	Last four digits of Soc. Sec. No./Complete EIN or other Tax I.D No. (if more than one, state all):			
Street Address of Debtor (No. & Street, City, State & Zip Code): 484 Fillmore Ave Buffalo, NY 14206-1708	Street Address of Joint Debtor (No.	& Street, City, State & Zip Code):		
County of Residence or of the Principal Place of Business: <b>Erie</b>	County of Residence or of the Principal Place of Business:			
Mailing Address of Debtor (if different from street address):	Mailing Address of Joint Debtor (if	f different from street address):		
Location of Principal Assets of Business Debtor (if different from street address above):				
Information Regarding the Debtor (Check the Applicable Boxes)  Venue (Check any applicable box)  ✓ Debtor has been domiciled or has had a residence, principal place of business, or principal assets in this District for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other District.  ☐ There is a bankruptcy case concerning debtor's affiliate, general partner, or partnership pending in this District.				
Type of Debtor (Check all boxes that apply)  ✓ Individual(s) ☐ Railroad ☐ Corporation ☐ Stockbroker ☐ Partnership ☐ Commodity Broker ☐ Other ☐ Clearing Bank	Chapter or Section of Bankruptcy Code Under Which the Petition is Filed (Check one box)  ✓ Chapter 7 ☐ Chapter 11 ☐ Chapter 13 ☐ Chapter 9 ☐ Chapter 12 ☐ Sec. 304 - Case ancillary to foreign proceeding			
Nature of Debts (Check one box)  ✓ Consumer/Non-Business ☐ Business	Filing Fee (Check one box)  V Full Filing Fee attached			
Chapter 11 Small Business (Check all boxes that apply)  □ Debtor is a small business as defined in 11 U.S.C. § 101  □ Debtor is and elects to be considered a small business under 11 U.S.C. § 1121(e) (Optional)	Filing Fee attached  Filing Fee to be paid in installments (applicable to individuals only)  Must attach signed application for the court's consideration certifying that the debtor is unable to pay fee except in installments.  Rule 1006(b). See Official Form No. 3.			
Statistical/Administrative Information (Estimates only)	THIS	SPACE IS FOR COURT USE ONLY		
Debtor estimates that funds will be available for distribution to unsecured creditors.  Debtor estimates that, after any exempt property is excluded and administrative expenses paid, there will be no funds available for distribution to unsecured creditors.				
Estimated Number of Creditors  1-15  16-49  50-99  100-1				
Estimated Assets \$0 to \$50,001 to \$100,001 to \$500,001 to \$1,000,001 to \$10,000,001 \$50,000 \$100,000 \$500,000 \$1 million \$10 million \$50 million  1				
Estimated Debts   \$0 to \$50,001 to \$100,001 to \$500,001 to \$1,000,001 to \$10,000,001 \$50,000 \$100,000 \$500,000 \$1 million \$10 million \$50 million \$5				

(Official Form 1) (12/03)		FORM B1, Page	
Voluntary Petition	Name of Debtor(s):		
(This page must be completed and filed in every case)	Fayson, Janice M.		
Prior Bankruptcy Case Filed Within Last	6 Years (If more than one, attach	additional sheet)	
Location Where Filed: None	Case Number:	Date Filed:	
Pending Bankruptcy Case Filed by any Spouse, Partner or	· Affiliate of this Debtor (If mo	ore than one, attach additional sheet)	
Name of Debtor:	Case Number:	Date Filed:	
None			
District:	Relationship:	Judge:	
Signa	atures		
Signature(s) of Debtor(s) (Individual/Joint)	Exhibit A		
I declare under penalty of perjury that the information provided in this petition is true and correct. [If petitioner is an individual whose debts are primarily consumer debts and has chosen to file under Chapter 7] I am aware that I may proceed under chapter 7, 11, 12 or 13 of title 11, United State Code,	(To be completed if debtor is required to file periodic reports (e.g., forms 10K and 10Q) with the Securities and Exchange Commission pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 and is requesting relief under chapter 11)  Exhibit A is attached and made a part of this petition.		
understand the relief available under each such chapter, and choose to proceed under chapter 7.	Exhibit B		
I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.  X /s/ Janice M. Fayson	(To be completed if debtor is an individual whose debts are primarily consumer debts)  I, the attorney for the petitioner named in the foregoing petition, declare that I have informed the petitioner that [he or she] may procee under chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each such chapter.		
Signature of Debtor Janice M. Fayson			
X Signature of Joint Debtor	explained the felier available un	ider each such chapter.	
	X /s/ Nicholas W. Hicks, Esq. 10/05/05		
Telephone Number (If not represented by attorney)	Signature of Attorney for Debtor(s)		
October 5, 2005  Date	Exhibit C  Does the debtor own or have possession of any property that poses of		
Signature of Attorney	is alleged to pose a threat of imminent and identifiable harm to public health or safety?		
X /s/ Nicholas W. Hicks, Esq. Signature of Attorney for Debtor(s)	Yes, and Exhibit C is attached and made a part of this petition.		
Nicholas W. Hicks, Esq.		44 D. 4'4' D	
Printed Name of Attorney for Debtor(s)	Signature of Non-Attorney Petition Preparer I certify that I am a bankruptcy petition preparer as defined in 11		
Nicholas W. Hicks, Esq. Firm Name	U.S.C. § 110, that I prepared this document for compensation, and I have provided the debtor with a copy of this document.		
69 Delaware Ave., Suite 711 Address			
Buffalo, NY 14202	Printed Name of Bankruptcy Petition Preparer		
	Social Security Number (Required by 1	11 U.S.C. 8 110(c) )	
Telephone Number	Social Sociality Francoi (required by		
October 5, 2005  Date	Address		
Signature of Debtor (Corporation/Partnership) I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor.	Names and Social Security nu prepared or assisted in prepare	umbers of all other individuals who ing this document:	
The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.		ared this document, attach additional opriate official form for each person.	
X	\ \ \ \		
Signature of Authorized Individual	Signature of Bankruptcy Petition Preparer		
Printed Name of Authorized Individual	Date		
Title of Authorized Individual		s failure to comply with the provisions of Bankruptcy Procedure may result	
Date		h 11 U.S.C. § 110; 18 U.S.C. § 156.	

Gullace & Weld, LLP Att: Pamela D. Baird 28 First Federal Plz Ste 500 Rochester, NY 14614-1909

Sisters Of Charity Hospital 2157 Main St Buffalo, NY 14214-2648